



**Town of Athol
BOARD OF HEALTH**

584 Main Street Athol, Massachusetts 01331

978-249-7934

978-249-0134 (Fax)

boh@townofathol.org



Public Health
Prevent. Promote. Protect.

Residential Kitchen Application

Date of application: _____ Fee: ____\$75 non **PHF's** only

Applicant's name: _____

Applicant's address: _____

Applicant's phone: _____ Email: _____

Name of business: _____

Distribution: ____Retail or ____Wholesale

Selling product from: ____Home ____Farmer's Market ____Other

****Please attach a list of foods being prepared, including ingredients, purchasing source, and methods of preparation.*

Water: ____Town or ____Private Well (if well, test results for quality must be submitted with application and will be required annually with renewal).

Requirements:

Only non-potentially hazardous foods (Non PHF's), and foods which do not require refrigeration shall be prepared in or distributed from a residential kitchen. Only immediate family members may assist in preparation and distribution. Pets may not be present during food preparation and laundry facilities (if located in kitchen) may not be used during food preparation. Food contact surfaces shall be smooth and made of non-absorbent materials. All foods sold shall be labeled, containing ingredients (by order of volume), allergen and health claims. A food establishment permit will be required for food preparation and distribution from a residential kitchen for retail sale and shall comply with minimum requirements of 105 CMR 590.002 through 105 CMR 90.009, as well as administrative enforcements of 105 CMR 590.012 through 105 CMR 590.021.

I hereby certify that I am familiar with 105 CMR 590.000, Minimum Sanitation Standards for Food Establishments – Article X, and that the residential kitchen will be operated and maintained in accordance with the regulations.

Signature:

Date:

Board of Health approval:_____ Permit number:_____ Date:_____

Permit
restrictions:_____

Effective date of permit:_____

Permit denied:_____ Date:_____

Reason(s) for
denial:_____

Reviewer's signature and title:_____ Date:_____